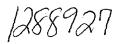
### FORM D



UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



OML 04027427

Expires: May 31, 2005 Estimated average burden hours per response . . . . 16.00

SEC USE ONLY							
Prefix	, Serial						
DATE RECEIVED							
1	1						

Name of Offering ( check if this is an amendment a 1,000,000 SHARES COMMON STOCK - FOUNDERS'S	and name has changed, and indicate change.) HARES	
Filing Under (Check box(es) that apply): Rule 50 Type of Filing: New Filing Amendment		ULOE
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer		
Name of Issuer ( check if this is an amendment and	name has changed, and indicate change.)	
BEVERAGE WIRELESS CORP.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
601 MONTGOMERY STREET, SUITE 700, SAN FRAN		415-782-1414
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
BEVERAGE DISPENSER CONTROL		HEGEIVED WAY 03 ZU
	rtnership, already formed other (p	olease specify): APR 27 Z004 FINANCIAL
	الشاشا الشاشا لالا	nated 187 B
GENERAL INSTRUCTIONS		
Federal: Who Must File: All issuers making an offering of securities 77d(6).	in reliance on an exemption under Regulation D or	Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 da and Exchange Commission (SEC) on the earlier of the da which it is due, on the date it was mailed by United State	te it is received by the SEC at the address given be	
Where To File: U.S. Securities and Exchange Commission	on, 450 Fifth Street, N.W., Washington, D.C. 205	49.
Copies Required: Five (5) copies of this notice must be fir photocopies of the manually signed copy or bear typed or		signed. Any copies not manually signed must be
Information Required: A new filing must contain all info thereto, the information requested in Part C, and any mate not be filed with the SEC.		
Filing Fee: There is no federal filing fee.		
State: This notice shall be used to indicate reliance on the Uni ULOE and that have adopted this form. Issuers relying are to be, or have been made. If a state requires the pay accompany this form. This notice shall be filed in the this notice and must be completed.	on ULOE must file a separate notice with the Syment of a fee as a precondition to the claim for	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
	ATTENTION	
Failure to file notice in the appropriate states appropriate federal notice will not result in a filing of a federal notice.		

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

<ul> <li>Each general and r</li> </ul>	nanagi	ng partner o	f part	nership issuers.						
Check Box(es) that Apply:	X	Promoter	X	Beneficial Owner	$\boxtimes$	Executive Officer	×	Director		General and/or Managing Partner
Ruby, Lucien Full Name (Last name first,	if india	vidual)							. —. —	
•			N CD	ANCISCO CA 0411	,					
601 MONTGOMERY STREI Business or Residence Addr								<del></del>		
				D. 8 110		T 0.00		D:		
Check Box(es) that Apply: Temko, Seth	L	Promoter		Beneficial Owner	×	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indiv	ridual)								
601 MONTGOMERY STRE										
Business or Residence Addr	ess (N	umber and S	Street,	City, State, Zip Coo	ie)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indiv	vidual)		·						
Business or Residence Addr	ress (N	fumber and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indiv	vidual)				<u> </u>		<del> </del>		
Business or Residence Addr	ress (N	lumber and	Street,	City, State, Zip Co	de)					
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
Business or Residence Adda	ress (N	lumber and	Street	, City, State, Zip Co	de)				··	
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)				<u></u>				
Business or Residence Add	ress (N	lumber and	Street	, City, State, Zip Co	de)		<del></del>			
Check Box(es) that Apply:		Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if indi	vidual)								
Business or Residence Add	ress (N	lumber and	Street	, City, State, Zip Co	de)					
		(Use bla	nk she	eet, or copy and use	additio	onal copies of this sh	eet, a	s necessary)	,	

Ø1	Carrier of	Maria de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela composición de la composición dela			B. INF	ORMATIO	ON ABOU	T OFFER	ING	Thropics of the			
1.	Has the	issuer sole	d, or does t	he issuer i								Yes	No ⊠
			•				Column 2			-		L	$\bowtie$
2.	What is	the minim	um investr	nent that w	vill be acce	pted from	any indiv	idual?		•••••	************	\$10.00	
2	Daniel	- 66		4	<b>c</b> :	1 :+0						Yes	No
3. 4.			permit join		_						rectly, any		$\boxtimes$
	commiss If a perso or states,	ion or sim on to be lis list the na	ilar remune ted is an ass	ration for so sociated per roker or de	olicitation of son or ager aler. If mor	of purchase nt of a brok e than five	ers in conne er or dealer (5) person	ction with registered s to be liste	sales of sec with the S ed are assoc	curities in the EC and/or			
Fui	l Name (L	ast name	first, if indi	vidual)									
Bu	siness or F	Residence	Address (N	umber and	Street, Cit	y, State, Z	ip Code)	·			<del></del>	<del></del>	
Nai	me of Ass	ociated Br	oker or Dea	aler	<del> </del>			<del></del>					· · · · · · · · · · · · · · · · · · ·
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers		<del></del>				
	(Check '	'All States	" or check	individual	States)		• • • • • • • • • • • • • • • • • • • •		••••••		••••••	. 🗌 All	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	IA	ME	MD	MA	MI	MN	MS	МО
	RI	NE SC	SD	NH TN	TX	NM UT	VT	NC VA	WA	OH WV	OK WI	OR WY	PA
Ful	l Name (I	act name	first, if indi	vidual)									
rui	ii vaine (1	Jast Hame	11151, 11 11101	viduai)									
Bu	siness or I	Residence	Address (N	lumber and	l Street, Ci	ty, State, 2	Zip Code)						
Nai	me of Ass	ociated Br	oker or Dea	aler	<del></del>				,				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	urchasers		<del></del>	<del></del>			
	(Check	"All State	s" or check	individua	l States)						••••••	All	States
	AL	AK	AZ	AR	CA	co	CT	DE	DC	FL	GA	HI	ID
	IL.	IN	IA	KS	KY	[IA]	ME	MD	MA	MI	MN	MS	МО
	RI	SC	SD	NH TN	TX	UT	VT	VA VA	WA	(WV)	OK WI	OR WY	PA
Ful	<del></del>		first, if indi					التنتا		• • • • • • • • • • • • • • • • • • •			
Bu	siness or I	Residence	Address (N	Jumber and	l Street, Ci	tv. State. 2	Zin Code)						
						,							
Na	me of Ass	ociated Br	oker or Dea	aler									
Sta	ites in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All State	s" or check	individua	d States)							All	States
	AT	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	AL							[MD]	D.CA	1.0	LAT	MO	TVO.
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI	MN	MS	MO

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OPFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	(	Aggregate Offering Price		Amo	ount Already Sold
	Debt	\$_			\$	
	Equity	\$_	1,000.	00	\$	
	Common Preferred					
	Convertible Securities (including warrants)	\$_			\$	
	Partnership Interests	\$_			\$	
	Other (Specify)	\$_				
	Total					
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	•	N. I			Aggregate
			Number Investors			llar Amount Purchases
	Accredited Investors	_	<del></del>		\$	
	Non-accredited Investors	_			\$	
	Total (for filings under Rule 504 only)	_			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.					
	Type of Offering		Type of Security		Dol	llar Amount Sold
	Rule 505				_ \$	
	Regulation A				_ \$	
	Rule 504		·		\$	
	Total				_ \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees		•••••		\$	
	Printing and Engraving Costs				\$	
	Legal Fees			$\boxtimes$	\$	200.00
	Accounting Fees	• • • • • • • • • • • • • • • • • • • •			\$	
	Engineering Fees				\$	
	Sales Commissions (specify finders' fees separately)			$\overline{\sqcap}$	\$	<del> </del>
	Other Expenses (identify)				\$	
	Total			$\boxtimes$	\$	200.00
				ب		

234.54	C. OFFERING PRICE, NO	MBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS		
	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C-proceeds to the issuer."	-Question 4.a. This difference is the "adj	usted gross	\$	800.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pa	ny purpose is not known, furnish an est of the payments listed must equal the adju	timate and		
			Payments to Officers, Directors, & Affiliates		Payments to Others
	Salaries and fees			~	
	Purchase of real estate		\$	_ []\$_	
	Purchase, rental or leasing and installation of ma		\$	s	
	Construction or leasing of plant buildings and t	facilities			
	Acquisition of other businesses (including the viorifering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another	— ————————————————————————————————————		
	Repayment of indebtedness		<u> </u>		
	Working capital		<u> </u>	_ — _	
	Other (specify):		[\$	_ []\$_	
			····· []\$	_ 🗆 \$_	
	Column Totals			_ <b>           </b>	800.00
	Total Payments Listed (column totals added)		🛛 \$	80	0.00
70		D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to finformation furnished by the issuer to any non-ac	he undersigned duly authorized person. I urnish to the U.S. Securities and Exchan	f this notice is filed under Rige Commission, upon writt		
SS	uer (Print or Type)	Signature	Date		
BE	VERAGE WIRELESS CORP.	Tous (b)	MARCH 24, 2004		
_		Fifle of Signer (Print or Type)			
	ne of Signer (Print or Type)	Prine of Signer (Finit of Type)			

- ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE	angan kacamatan bangan dalah sebesah dalah sebesah sebesah sebesah sebesah sebesah sebesah sebesah sebesah seb Kanada Sebesah							
1.	Is any party described in 17 CFR 230.262 proprovisions of such rule?			Yes	No					
	See Ap	ppendix, Column 5, for state respon-	se.							
2.	The undersigned issuer hereby undertakes to fu D (17 CFR 239.500) at such times as required	· ·	y state in which this notice is fil	ed a not	ice on Form					
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	ner has read this notification and knows the content thorized person.	nts to be true and has duly caused this	notice to be signed on its behal	f by the	undersigned					
Issuer (	Print or Type)	Signature	Date		<del></del>					
BEVER.	AGE WIRELESS CORP.	Turks	MARCH 24, 2004							
Name (	Print or Type)	Title (Print or Type)	•							
LUCIEN	J RUBY	PRESIDENT								

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			re za koji je koji je Primara i primara i prima	APPI	ENDIX	and the second s		i kanalani		
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA										
CO										
CT										
DE						· · · · · · · · · · · · · · · · · · ·				
DC										
FL.										
GA										
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IL		X	COMMON STOCK \$10.00						X	
IN										
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LA										
ME										
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MA										
MI										
MN										
MS										
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APPENDIX	

1	Intend to non-a investor	Type of security and aggregate offering price offered in state art B-Item 1)  Type of security and aggregate offered in state (Part C-Item 1)  Type of investor and amount purchased in State (Part C-Item 2)							5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
МО											
MT											
NE	<del></del>										
NV											
NH						•					
NJ											
NM											
NY											
NC											
ND											
OH											
ОК											
OR									ļ		
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SD									<u> </u>		
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VT		ļ							<del>                                     </del>		
VA											
WA				-							
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WI				<u> </u>		<u> </u>					

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Ship 1. Shi	APPENDIX												
1	to non-a-	to sell coredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)								
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
PR							!						

16, 100